PATENT APPEATION FEE DETERMINATION REC

Application or Docket Number

;		CLAIMS /										
ŀ	•				SMALL ENTITY			OTHER THAN				
_			(Cetu	ma t)		Column 2)	•	TYPE		OR -	SMALL ENTITY	
-		STAGE FEES	ļ					RATE	FEE		RATE	FEE
BAS	IC FEE	·	SMALL ENT. = \$ 150		LARC	SE ENT. = \$ 300]	BASIC FEE		OR	BASIC FEE	2/K
EXA	MINATION FE	E	(4) = \$50/\$ 100			her situations = 100 / \$ 200 .		EXAM FEE		1	EXAM FEE	200
SEA	RCH FEE	·	U.S. is ISA = \$50/\$100 ALL other countries = \$ 200/\$400		All ot	her situations = 250 / 3 600		SEARCH FEE	·	1	SEARCHFEE	1/1
FEE	FOR EXTRA S	PEC. PGS.	สเกษร 100 =			/50 =		X \$ 125 =	 	1	X \$ 250 =	-acc
TOT	AL CHARGEA	BLE CLAIMS	30 minus 20 = .		Ť	Ŕ		X\$25=		OR	X\$50=	500
INOI	PENDENT CL	AIMS .	3 minus 3 = .		X	<i></i> ∂.		X\$100=		OR	X\$ 200 =	000
		DENT CLAIM PRI						+\$180=		OR	+\$ 360 =	<u></u>
If the difference in column 1 is less than zero, enter "in column 2								. TOTAL		OR	TOTAL	1400
	4	24 24414 12	ABICLINE					•			•	J
4	-16-07	(Column 1)	AMENUE	(Column 2) (Column 3)				SMALL E	NTITY .	OR	OTHER SMALL E	
AMENDMENTA		CLAIMS REMAINING AFTER AMENDMENT		HIGHE NUMBE PREVIOU PAID FO	er ISLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	. 30	Minus.	- 30	2	•		X\$25=		•OR	X \$ 50 =	
	Independent	• 3	Minus	<u>ーろ</u>		2		X \$ 100 =		OR	X\$200=.	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							+\$180=		OR	+\$360=	
	•						_	TOTAL ADOPT. FEE	·	OR	TOTAL ADDIT. FEE	
		(Column 1)				Malana				•		
		CLAMS	· · · · ·	(Column		(Column 3)			•			•
AMENDMENT 8		REMAINING AFTER AMENDMENT		PREVIOU PAD FO	ER ISLY	PRESENT EXTRA	RA	RATE	ADDI- TIONAL FEE		RATE	ADOI TIONAL FEE
	Total	•	Minus	••		a a	L	X \$ 25 =		OR	X \$ 50 =	
	Independent	•	Minus	100		=		X \$ 100 =		ÓR	X \$ 200 =	
ا	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						ı	+\$180 =		OR	+\$360=	
										OR	TOTAL ADDIT.	
FEEUN FEE												
٠,	# the entry in colu	mn 1 is less than the	e entry in column	n 2, wille "Office	column	.						
***	II the "Highest Nu # the "Highest Nu	mber Previously Pai mber Previously Pai	d for IN THIS S	SPACE is less to	han To	r, enter "20",	•					j
	The Highest Non	nber Previously Paid	For (Total or In	rdependent is s	ne higi	est number found	in the	sporopriate box	in column 1.			.
			·									